

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	NOVEL ENCOCHLEATION METHODS, COCHLEATES AND METHODS OF USE
Attorney Docket Number::	BSZ-050
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	61
Small Entity?::	No
Petition included?::	No
Licensed US Government Agency::	NIH/NIAID SBIR
Contract or Grant Numbers::	PI R43 AI46040-01
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Raphael
Middle Name::	J.
Family Name::	MANNINO
City of Residence::	Annandale
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	36 Meadowview Drive

City of mailing address:: Annandale
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 08801

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Susan
Family Name:: GOULD-FOGERITE
City of Residence:: Annandale
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 6 Cynthia Court
City of mailing address:: Annandale
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 08801

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Sara
Middle Name:: L.
Family Name:: KRAUSE-ELSMORE
City of Residence:: Kearny
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 100 Maple Street
City of mailing address:: Kearny
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07032

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: David
Family Name:: DELMARRE
City of Residence:: Jersey City
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 20 Second Street, Apt. 306
City of mailing address:: Jersey City
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07302

Applicant Authority Type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Ruying
Family Name:: LU
City of Residence:: New Providence
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 47 Newcomb Drive
City of mailing address:: New Providence
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07974-1728

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/461483	04/09/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/463076	04/15/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/502557	09/11/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/537252	01/15/04
This Application	An application claiming the benefit under 35 USC 119(e)	60/499247	08/28/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/532755	12/24/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/XXXXXX	03/24/04